

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the District of Puerto Rico

Case number _____
(If known)

Check if this is:

☐ An amended filing

Chapter you are filing under:

☐ Chapter 7

☐ Chapter 11

☐ Chapter 12

☒ Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a *joint case*--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	<u>VICTOR</u> First name <u>MANUEL</u> Middle name <u>TORRES-SERRANO</u> Last name Suffix (Sr., Jr., II, III)	<u>N/A</u> First name Middle name Last name Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years. Include your married or maiden names.	<u>VICTOR</u> First name <u>MANUEL</u> Middle name <u>TORRES</u> Last name Suffix (Sr., Jr., II, III) <u>VICTOR M. TORRES SERRANO</u> First name Middle name Last name Suffix (Sr., Jr., II, III)	<u>N/A</u> First name Middle name Last name Suffix (Sr., Jr., II, III) <u>N/A</u> First name Middle name Last name Suffix (Sr., Jr., II, III)

VICTOR

First name

M.

Middle name

TORRES

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

VICTOR

First name

TORRES

Middle name

SERRANO

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX-XX-1687

N/A

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years.

Include trade names and doing business as names.

☒ I have not used any business names or EINs

N/A

Business name

N/A

Business name

N/A

EIN

N/A

EIN

☐ I have not used any business names or EINs

N/A

Business name

N/A

Business name

N/A

EIN

N/A

EIN

5. Where you live

CARR 156 R 784 K 4.8 BO CAÑABONCITO

Number Street

Caguas PR 00725

City, State, Zip Code

Caguas

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

PO BOX 7084

Number Street

Caguas PR 00726-7084

City, State, Zip Code

If Debtor 2 lives at a different address:

N/A

EIN

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

N/A

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

N/A

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010)). Also, go to the top of page 1 and check the appropriate box.☐ Chapter 7☐ Chapter 11☐ Chapter 12☒ Chapter 13**8. How you will pay the fee**☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.**9. Have you filed for bankruptcy within the last 8 years?**☒ No☐ YesDistrict N/A When _____ Case number _____
MM/DD/YYYYDistrict N/A When _____ Case number _____
MM/DD/YYYYDistrict N/A When _____ Case number _____
MM/DD/YYYY**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**☒ No☐ YesDebtor N/A Relationship _____District _____ When _____ Case number _____
MM/DD/YYYY

Debtor N/A Relationship _____
 District _____ When _____ Case number _____
 MM/DD/YYYY

11. Do you rent your residence?
☐
☒

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

☒
☐

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.**Part 3:****Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**☒

No. Go to Part 4.

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Part 4:**Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒

No.

☐

Yes.

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Part 5:**Explain Your Efforts to Receive a Briefing About Credit Counseling**

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**
- Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**
- Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.
- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

You must check one:

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**
- Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**
- Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.
- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

About Debtor 1:

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.
- If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.
- If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.
- 16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts: **N/A**
- 17. Are you filing under Chapter 7?**
- ☒ No. I am not filing under Chapter 7. Go to line 18.
- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No.
☐ Yes.
- 18. How many creditors do you estimate that you owe?**
- ☒ 1-49
☐ 50-99
☐ 100-199
☐ 200-999
- ☐ 1,000 - 5,000
☐ 5,001 - 10,000
☐ 10,001 - 25,000
- ☐ 25,001 - 50,000
☐ 50,001 - 100,000
☐ More than 100,000

19. How much do you estimate your assets to be worth?

☒ \$0 to \$50,000
☐ \$50,001 to \$100,000
☐ \$100,001 to \$500,000
☐ \$500,001 to \$1 million

☐ \$1,000,001 to \$10 million
☐ \$10,000,001 to \$50 million
☐ \$50,000,001, to \$100 million
☐ \$100,000,001 to \$500 million

☐ \$500,000,001 to \$1 billion
☐ \$1,000,000,001 to \$10 billion
☐ \$10,000,000,001 to \$50 billion
☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

☒ \$0 to \$50,000
☐ \$50,001 to \$100,000
☐ \$100,001 to \$500,000
☐ \$500,001 to \$1 million

☐ \$1,000,001 to \$10 million
☐ \$10,000,001 to \$50 million
☐ \$50,000,001, to \$100 million
☐ \$100,000,001 to \$500 million

☐ \$500,000,001 to \$1 billion
☐ \$1,000,000,001 to \$10 billion
☐ \$10,000,000,001 to \$50 billion
☐ More than \$50 billion

Part 7:

Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ VICTOR MANUEL TORRES-SERRANO

Debtor 1

08/23/2019

MM/DD/YYYY

For your attorney, if you are represented by one

Note that BkAssist is licensed for use only by attorneys. If you are not represented by an attorney, you may not file this petition.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Carlos Alberto Ruiz

Attorney for Debtor(s)

08/23/2019

MM/DD/YYYY

Carlos Alberto Ruiz

Printed name

LCDO. CARLOS ALBERTO RUIZ, CSP

Firm name

PO Box 1298

Number Street

Caguas PR 00726

City, State, ZIP Code

787-286-9775

Contact phone

210009

Bar number

carlosalbertoruizquebras@gmail.com

Email address

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the District of Puerto Rico

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Sum
Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$0.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$15,979.95</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$15,979.95</u>

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$11,794.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$779.91</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>\$13,307.58</u>
Your total liabilities	<u>\$25,881.49</u>

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$2,202.34</u>
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i>	<u>\$2,102.34</u>

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9 for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income (Official Form 122A-1, 122B, or 122C-1):Copy your total current monthly income from line 11..... \$2,609.75**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**.....**From Part 4 on Schedule E/F, copy the following:****Total claim**

9a. Domestic support obligations (Copy line 6a.).....	<u>\$554.91</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.).....	<u>\$225.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.).....	<u>\$1,430.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.).....	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.).....	<u>\$0.00</u>
9g. Total. Add lines 9a through 9f.....	<u>\$2,209.91</u>

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the District of Puerto Rico
 Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land or Other Real Estate You Own or Have an Interest in

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No.
☒ Yes.

3.1 Make: NISSAN Who has an interest in the property? Check one
 Model: VERSA S ☒ Debtor 1 only
 Year: 2013 ☐ Debtor 2 only
 Approximate mileage: 97851 ☐ Debtor 1 and Debtor 2 only
 Other information: ☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$4,141.00	\$4,141.00

3.2 Make: MAZDA Who has an interest in the property? Check one
 Model: 6S ☐ Debtor 1 only
 Year: 2004 ☐ Debtor 2 only
 Approximate mileage: 145235 ☐ Debtor 1 and Debtor 2 only
 Other information: OWN BY DEBTOR BUT IN POSSESSION OF ANOTHER ☒ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$2,273.00	\$2,273.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No.
☐ Yes.

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here**\$6,414.00****Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?** (List the current value of the portion you own. Do not deduct secured claims or exemptions)**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes **(STOVE \$50.00; WASHING MACHINE \$50.00; POTS \$20.00; LIVING ROOM \$100.00;****TOOLS \$100.00; MICROWAVE \$20.00; \$340.00, D1)****\$340.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes **(1 TV \$100.00; GAME CONSOLE \$80.00; 2 CELLPHONES \$150.00 \$330.00, D1)****\$330.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes **(WEARING CLOTHES \$1,200.00, D1)****\$1,200.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes **(JEWELRY \$70.00, D1)****\$70.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes **(DOG \$1.00, D1)****\$1.00****14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No☐ Yes

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$1,941.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following? (List the current value of the portion you own. Do not deduct secured claims or exemptions)

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes **CASH ON HAND \$10.00 (D1)** **\$10.00****17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes **BPPR CHECKING ACCT #6289 \$383.95 (D1)** **\$383.95****18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes **\$0.00****19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes **\$0.00****20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes **\$0.00****21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes **\$0.00****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company. *Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No☒ Yes **PREPA \$125.00 (D1)** **\$125.00****BONDS \$500.00 (D1)** **\$500.00****23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**☒ No☐ Yes **\$0.00****24. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified state tuition plan as defined in 26 U.S.C. § 529(b)(1).**

☒ No
☐ Yes **\$0.00**

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No
☐ Yes **\$0.00**

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No
☐ Yes **\$0.00**

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No
☐ Yes **\$0.00**

28. Tax refunds owed to you

Give specific information about them, including whether you already filed the returns and the tax years

☒ No
☐ Yes **\$0.00**

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No
☐ Yes **\$0.00**

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No
☐ Yes **\$0.00**

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance. Name the insurance company of each policy and the beneficiary, and list its value

☒ No
☐ Yes **\$0.00**

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☐ No
☒ Yes **(6 HEIRS) DEBTOR HAS A 16.66% INTEREST IN THE ESTATE OF MS. LOURDES SERRANO MALDONADO (DEBOTOR'S MOTHER). THE ESTATE OWNS A 3 BEDROOMS, 1 BATHROOM, SMALL UNFINISHED HOUSE LOCATED AT BRISAS LAS MARIAS, ARIES STREET #129 VIEQUES, PR. THE VALUE IS ESTIMATED IN \$50,000.00. \$6,606.00 (D1).....** **\$6,606.00**

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No
☐ Yes **\$0.00**

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No
☐ Yes **\$0.00**

35. Any financial assets you did not already list

☒ No
☐ Yes

\$0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$7,624.95**Part 5:****Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to part 6.
☐ Yes. Go to line 38.

Part 6:**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to part 7.
☐ Yes. Go to line 47.

Part 7:**Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*

☒ No
☐ Yes

\$0.00

54. Add the dollar value of all of your entries from Part 7, including any entries for pages you have attached for Part 7. Write that number here

Part 8:**List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2	
56. Part 2: Total vehicles, line 5	\$6,414.00
57. Part 3: Total personal and household items, line 15	\$1,941.00
58. Part 4: Total financial assets, line 36	\$7,624.95
59. Part 5: Total business-related property, line 45	
60. Part 6: Total farm- and fishing-related property, line 52	
61. Part 7: Total other property not listed, line 54	
62. Total personal property. Add lines 56 through 61	\$15,979.95
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$15,979.95

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the District of Puerto Rico

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming PR state exemptions and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
2004 MAZDA 6S (Line 3)	\$2,273.00	<input checked="" type="checkbox"/> \$2,273.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
STOVE \$50.00; WASHING MACHINE \$50.00; POTS \$20.00; LIVING ROOM \$100.00; TOOLS \$100.00; MICROWAVE \$20.00; (Line 6)	\$340.00	<input checked="" type="checkbox"/> \$340.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
1 TV \$100.00; GAME CONSOLE \$80.00; 2 CELLPHONES \$150.00 (Line 7)	\$330.00	<input checked="" type="checkbox"/> \$330.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
WEARING CLOTHES (Line 11)	\$1,200.00	<input checked="" type="checkbox"/> \$1,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
JEWELRY (Line 12)	\$70.00	<input checked="" type="checkbox"/> \$70.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
DOG (Line 13)	\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
CASH ON HAND (Line 16)	\$10.00	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
BPPR CHECKING ACCT #6289 (Line 17)	\$383.95	<input checked="" type="checkbox"/> <u>\$383.95</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
BONDS (Line 22)	\$500.00	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
PREPA (Line 22)	\$125.00	<input checked="" type="checkbox"/> <u>\$125.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
(6 HEIRS) DEBTOR HAS A 16.66% INTEREST IN THE ESTATE OF MS. LOURDES SERRANO MALDONADO (DEBOTOR'S MOTHER). THE ESTATE OWNS A 3 BEDROOMS, 1 BATHROOM, SMALL UNFINISHED HOUSE LOCATED AT BRISAS LAS MARIAS, ARIES STREET #129 VIEQUES, PR. THE VALUE IS ESTIMATED IN \$50,000.00. (Line 32)	\$6,606.00	<input checked="" type="checkbox"/> <u>\$6,606.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Total	\$11,838.95	\$11,838.95	

3. Are you claiming a homestead exemption of more than \$170,350.00?

(Subject to adjustment on 04/01/2022 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the District of Puerto Rico
 Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of the collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1 RELIABLE FINANCIAL SERVICES Creditor's Name <u>PO BOX 21382</u> Number Street <u>San Juan PR 00928-1382</u> City, State, ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred: 06/01/2016	Describe the property that secures the claim: 2013 NISSAN VERSA S As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Last 4 digits of account number: -0543	\$11,794.00	\$4,141.00
		\$7,653.00	
Add the dollar value of your entries in Column A. Write that number here:		\$11,794.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the District of Puerto Rico

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 MARIELIZ ENID MORALES CORCINO <small>Priority Creditor's Name</small> URB. ARBOLEDA 111 CALLE ALMENDRA <small>Number Street</small> Humacao PR 00791-7018 <small>City, State, ZIP Code</small> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number: -6065 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	\$554.91	\$554.91	\$0.00
2.2 DEPARTAMENTO DE HACIENDA <small>Priority Creditor's Name</small> PO BOX 9024140 <small>Number Street</small> San Juan PR 00902-4140 <small>City, State, ZIP Code</small> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number: 1687 When was the debt incurred: 2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	\$225.00	\$225.00	\$0.00

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1
Autoridad de Energia Electrica de Puerto Rico

Nonpriority Creditor's Name

PO Box 363508

Number Street

San Juan PR 00936-3508

City, State, ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number: **-5712****\$210.78**When was the debt incurred: **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Utility**

4.2
CREDIT COLLECTION CORP

Nonpriority Creditor's Name

PLAZA CAROLINA STATION

Number Street

PO BOX 8939**Carolina PR 00988-8939**

City, State, ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number: **-4284****\$1,430.00**When was the debt incurred: **2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

4.3
DTOP

Nonpriority Creditor's Name

PO BOX 195349

Number Street

San Juan PR 00919

City, State, ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number: **-1331****\$665.00**When was the debt incurred: **2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **VIOLATION FINES**

		Total claim
4.4 HOSPITAL HIMA SAN PABLO-CAGUAS <hr/> Nonpriority Creditor's Name PO BOX 4980 <hr/> Number Street <hr/> Caguas PR 00726 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -3522 When was the debt incurred: 04/22/2019 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$200.00
4.5 HOSPITAL HIMA SAN PABLO-HUMACAO <hr/> Nonpriority Creditor's Name PO BOX 639 <hr/> Number Street <hr/> Humacao PR 00792 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -7181 When was the debt incurred: 05/15/2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$974.01
4.6 HOSPITAL ORIENTE <hr/> Nonpriority Creditor's Name PO BOX 699 <hr/> Number Street <hr/> Humacao PR 00792 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -1977 When was the debt incurred: 07/03/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$222.62
4.7 HOSPITAL RYDER MEMORIAL <hr/> Nonpriority Creditor's Name 355 AVE FONT MARTELLO <hr/> Number Street <hr/> Humacao PR 00791 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -2156 When was the debt incurred: 02/04/2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$167.07

		Total claim
4.8 HOSPITAL RYDER MEMORIAL <small>Nonpriority Creditor's Name</small> 355 AVE FONT MARTELLO <small>Number Street</small>	Last 4 digits of account number: -2233 When was the debt incurred: 02/06/2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$265.10
4.9 ISLAND FINANCE <small>Nonpriority Creditor's Name</small> CENTRO COMERCIAL FONT MARTELO 100 <small>Number Street</small>	Last 4 digits of account number: -4354 When was the debt incurred: 04/23/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Loan	\$4,505.00
4.10 SANTANDER FINANCIAL <small>Nonpriority Creditor's Name</small> PO BOX 715049060 <small>Number Street</small>	Last 4 digits of account number: -0458 When was the debt incurred: 04/23/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Loan	\$4,568.00
4.11 SISTEMA DE SALUD MENONITA <small>Nonpriority Creditor's Name</small> PO BOX 1650 <small>Number Street</small>	Last 4 digits of account number: -7748 When was the debt incurred: 07/29/2019 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$100.00

Part 3:**List Others to Be Notified for a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1

INSTITUTO DE BANCA - CAGUAS

Creditor's Name

BAIROA CARR 1 KM 33.7

Number Street

LOT 3**Caguas PR 00725**

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number: **UNKNOWN**

2

ISLAND FINANCE

Creditor's Name

PO BOX 71504

Number Street

San Juan PR 00936

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number: **UNKNOWN**

3

JEFFERSON CAPITAL SYSTEM, LLC

Creditor's Name

PO BOX 772813

Number Street

Chicago IL 60677

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number: **UNKNOWN****Part 4:****Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$554.91</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$225.00</u>
	6c. Claims for death or personal injury while you were intoxicated.....	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.....	6d. <u>\$0.00</u>
	6e. Total Add lines 6a through 6d.	6e. <u>\$779.91</u>
Total claims from Part 2	6f. Student loans.....	6f. <u>\$1,430.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts.....	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.....	6i. <u>\$11,877.58</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$13,307.58</u>

DTOP-DIS-
Rev. 08/2010



GOBIERNO DE PUERTO RICO
DEPARTAMENTO DE TRANSPORTACIÓN Y OBRAS PÚBLICAS
DIRECTORÍA DE SERVICIOS AL CONDUCTOR
División de Vehículos de Motor

REPORTE DE MULTAS ADMINISTRATIVAS AL CERTIFICADO DE LICENCIA DE

Licencia: Expira: 25 ago 2019
Identificación: ssid: XXX-XX-1687
Nombre: TORRES SERRANO, VICTOR M
Descripción: Conductor

Licencia	Num de Boleto	Fecha de Multa	Municipio	Dist.	Cantidad	Fecha de Transacción	Num. de Batch
5071331	39730953	05 feb 2019	SALINAS	L	\$ 100.00	23 may 2019	0
5071331	35217227	25 abr 2017	LUQUILLO	L	\$ 150.00	26 may 2018	0
5071331	38201392	24 feb 2017	CAROLINA	L	\$ 125.00	25 may 2018	0
5071331	35289185	21 abr 2014	PONCE	L	\$ 50.00	15 dic 2014	0
5071331	737804466	16 nov 2013	GUAYNABO	O	\$ 25.00	10 sep 2014	17041784
5071331	34701599	23 oct 2013	HUMACAO	L	\$ 125.00	06 ago 2015	0
5071331	34699315	27 sep 2013	LAS PIEDRAS	L	\$ 90.00	21 jun 2016	0

Total: 7

Cantidad Total: \$ 665.00

Este informe es de las multas informadas a DISCO hasta el momento de ser impreso. Esta relación de multas no incluye recargos ni penalidades dispuestos por la ley 22-2000.

Las multas en este informe NO han sido pagadas.

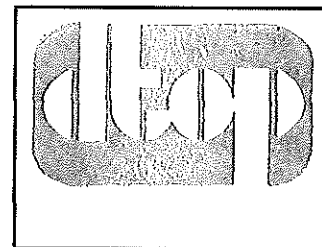
De existir boletos pendientes de grabar, estos aparecerán en

1-9990-9990

15 ago 2019

Cuando las multas hayan sido pagadas, un agente del Departamento de Hacienda:

- anotará la fecha y la cantidad pagada
- aplicará su firma
- y un sello oficial



Fecha

15 ago 2019

Firma

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the District of Puerto Rico
Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Person or company with whom you have the contract or lease	State what the contract or lease is for
2 <u>LUZ DIVINA APONTE RODRIGUEZ</u> Creditor's Name <u>HC 2 BOX 31817</u> Number Street <u>Caguas PR 00725</u> City, State, ZIP Code	RESIDENTIAL LEASE CONTRACT (\$500.00 MONTHLY)

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the District of Puerto Rico

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
☒ No
☐ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☒ No
☐ Yes. In which community state or territory did you live? . Fill in the name and current address of that person.
3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the District of Puerto Rico

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of

Official Form 106I Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status	Debtor 1 <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	Debtor 2 or non-filing spouse <input type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	HANDYMAN	
	Employer's name	JR DESIGN AND CONTRACTORS CORP	N/A
	Employer's address	18 BOX 780A San Juan, PR 00926	N/A
	How long employed there?	3 YEARS	N/A

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Including your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$2,264.99	
3. Estimate and list monthly overtime pay.	3. \$0.00	
4. Calculate gross income. Add line 2 + line 3.	4. \$2,264.99	
5. List All payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$220.00	
5b. Mandatory contributions for retirement plans	5b. \$0.00	

	For Debtor 1	For Debtor 2 or non-filing spouse
5c. Voluntary contributions for retirement plans	5c. \$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$0.00	
5f. Domestic support obligations	5f. \$293.71	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: D1 EMPLOYER LOAN \$24.96	5h. \$24.96	
6. Add the payroll deductions. Add lines 5a through 5h	6. \$538.67	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$1,726.32	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$0.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: NON CONSENSUAL PARTNER MONTHLY NET INCOME D1 \$476.02	8h. \$476.02	
9. Add all other income. Add lines 8a-8h.	9. \$476.02	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 9 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$2,202.34	
11. State all other regular contributions to the expenses that you list in Schedule J (Official Form 106J). Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J (Official Form 106J). Specify:	11. \$0.00	
12. Add the amounts on lines 10 and 11. The result is the combined monthly income. Also write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> (Official Form 106Sum) if it applies.	12. \$2,202.34	

13. Do you expect an increase or decrease within the year after you file this form?

- ☒ No
☐ Yes.
Explain.....

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the District of Puerto Rico

Case number _____
(If known)

Check if this is:
☐ An amended filing
☐ A supplement showing
post-petition chapter 13
expenses as of

Official Form 106J Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
☐ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No.
☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*

2. Do you have dependents?

Do not list Debtor 1 or Debtor 2. ☐ No
Do not state the dependents' ☒ Yes. Fill out this
names. information for
each dependent

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Consensual partner	21	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as your bankruptcy filing date unless you are using this form as supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date

Include expenses paid for with non-cash governmental assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I).

Note: Expenses for property other than the debtor(s)' primary residence(s), if any, are reported in the Summary of Business/Real-Estate Income & Expense annexed to Schedule I.

Note: Monthly payments that are being made through the Chapter 13 Plan, if any, are not included in the expenses listed on this schedule.

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. **Your expenses**
\$500.00

If not included in line 4:

4a. Real estate taxes

4a.

4b. Property, homeowner's, or renter's insurance

4b.

		Your expenses
4c. Home maintenance, repair, and upkeep expenses	4c.	
4d. Homeowner's association or condominium dues	4d.	
5. Additional mortgage payments for your residence, such as home equity loans	5.	
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$50.12
6b. Water, sewer, garbage collection	6b.	\$20.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$148.22
6d. Other. Specify: N/A	6d.	
7. Food and housekeeping supplies	7.	\$572.00
8. Childcare and children's education costs	8.	\$100.00
9. Clothing, laundry, and dry cleaning	9.	\$70.00
10. Personal care products and services	10.	\$50.00
11. Medical and dental expenses	11.	\$20.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$400.00
13. Entertainment, clubs, recreation, newspapers, magazine, and books	13.	\$100.00
14. Charitable contributions and religious donations	14.	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	
15b. Health insurance	15b.	
15c. Vehicle insurance	15c.	
15d. Other insurance. Specify: MARBETE (2 VEHICLES)	15d.	\$32.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: N/A	16.	
17. Installment or lease payments (None)	17.	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I</i> (Official Form 106I)	18.	
19. Other payments you make to support others who do not live with you. Specify: N/A	19.	
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I</i> (Official Form 106I)		
20a. Mortgages on other property	20a.	
20b. Real estate taxes	20b.	
20c. Property, homeowner's, or renter's insurance	20c.	
20d. Maintenance, repair, and upkeep expenses	20d.	
20e. Homeowner's association or condominium dues	20e.	

		Your expenses
20f. Other. Specify:	20f.	
21. Other. Specify: PEAJE	21.	\$40.00
22. Calculate your monthly expenses.		
22a. Add lines 4 through 21.	22a.	\$2,102.34
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$2,102.34
23. Calculate your monthly net income		
23a. Copy line 12 (your combined monthly income) from Schedule I	23a.	\$2,202.34
23b. Copy your monthly expenses from line 22 above.	23b.	\$2,102.34
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income	23c.	\$100.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form?		
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Explain.....		

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the District of Puerto Rico
Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person N/A. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ VICTOR MANUEL TORRES-SERRANO
Signature of Debtor 1

08/23/2019
Date

Signature of Debtor 2

08/23/2019
Date

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the District of Puerto Rico

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107
Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

- What is your current marital status?**
☐ Married
☒ Not married
- During the last 3 years, have you lived anywhere other than where you live now?**
☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.
- Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?**
(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

- Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$19,208.35</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$26,648.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$16,871.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Part 3:**List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825.00* or more?

- ☐ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$6,825.00* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 04/01/2022 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

Part 4:**Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
☐ Yes. Fill in the details

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☒ No
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details of each gift or contribution

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- ☒ No
☐ Yes. Fill in the details

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details

Person who was paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Carlos Alberto Ruiz PO Box 1298 Caguas, PR 00726 Email or website address: carlosalbertoruizquebras@gmail.com Person Who Made the Payment if Not You:	Expense & fee retainer (including any retainer for the filing fee)	08/12/2019	\$910.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the District of Puerto Rico
Case number _____
(If known)

Check if this is:
☐ An amended filing
☐ A supplement disclosing additional payments or agreements as of

Form BKA-2030

Disclosure of Compensation of Attorney for Debtor

12/15

Use this procedural form, if desired, to disclose the matters enumerated in 11 U.S.C. § 329 and Fed. R. Bankr. P. 2016(b).

Disclosure is required within 14 days after the order for relief or another time as the court may direct. A supplemental disclosure is required within 14 days after any payment or agreement not previously disclosed.

Attach a copy of the retainer agreement, if any.

Part 1: Compensation

For legal services, I have agreed to accept..... **\$4,000.00**

Prior to the filing of this statement I have received
Retainer for legal services..... **\$600.00**

Retainer for expenses, including the court filing fee **\$310.00**

Balance Due **\$3,400.00**

2. The source of the compensation paid to me was:

☐ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☒ Other (specify) **CHAPTER 13 PLAN** ☐ N/A

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

Part 2: Services

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy.
- Preparation and filing of any petition, schedules, statement of affairs and plan that may be required.
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof.
- ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters.~~

e. **N/A**

f. **N/A**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

LIEN STRIPPING, ADVERSARY PROCEEDING

7. A copy of my retainer agreement ☐ is ☒ is not attached.

Part 3:**Certification**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

/s/ Carlos Alberto Ruiz

Carlos Alberto Ruiz (LCDO. CARLOS ALBERTO RUIZ, CSP)

08/23/2019

Date

**United States Bankruptcy Court
District of Puerto Rico
Old San Juan Division**

In re: **TORRES-SERRANO, VICTOR**

Case No.

VERIFICATION OF CREDITOR MATRIX

I(we) verify that the attached list of creditors and the matrix file to be uploaded in this case are true and complete to the best of my(our) knowledge.

/s/ VICTOR MANUEL TORRES-SERRANO
Debtor

08/23/2019
Date

AUTORIDAD DE ENERGIA ELECTRICA DE PUERTO RICO
PO BOX 363508
SAN JUAN, PR 00936-3508

CREDIT COLLECTION CORP
PLAZA CAROLINA STATION
PO BOX 8939
CAROLINA, PR 00988-8939

CRIM
PO BOX 195387
SAN JUAN, PR 00919-5387

DEPARTAMENTO DE HACIENDA
PO BOX 9024140
SAN JUAN, PR 00902-4140

DEPARTMENT OF TREASURY
SECTION OF BANKRUPTCY 424 OFFICE
PO BOX 9024140
SAN JUAN, PR 00902

DTOP
PO BOX 195349
SAN JUAN, PR 00919

HOSPITAL HIMA SAN PABLO-CAGUAS
PO BOX 4980
CAGUAS, PR 00726

HOSPITAL HIMA SAN PABLO-HUMACAO
PO BOX 639
HUMACAO, PR 00792

HOSPITAL ORIENTE
PO BOX 699
HUMACAO, PR 00792

HOSPITAL RYDER MEMORIAL
355 AVE FONT MARTELLO
HUMACAO, PR 00791

INSTITUTO DE BANCA - CAGUAS
BAIROA CARR 1 KM 33.7
LOT 3
CAGUAS, PR 00725

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

ISLAND FINANCE
CENTRO COMERCIAL FONT MARTELO 100
HUMACAO, PR 00792

ISLAND FINANCE
PO BOX 71504
SAN JUAN, PR 00936

JEFFERSON CAPITAL SYSTEM, LLC
PO BOX 772813
CHICAGO, IL 60677

LUZ DIVINA APONTE RODRIGUEZ
HC 2 BOX 31817
CAGUAS, PR 00725

MARIELIZ ENID MORALES CORCINO
URB. ARBOLEDA 111 CALLE ALMENDRA
HUMACAO, PR 00791-7018

RELIABLE FINANCIAL SERVICES
PO BOX 21382
SAN JUAN, PR 00928-1382

SANTANDER FINANCIAL
PO BOX 715049060
SAN JUAN, PR 00936

SISTEMA DE SALUD MENONITA
PO BOX 1650
CIDRA, PR 00739-1650

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the District of Puerto Rico

Case number
(If known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).

☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

☐ 3. The commitment period is 3 years.

☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☒ **Not married.** Fill out Column A, lines 2-11.

☐ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Column A Debtor 1	Column B Debtor 2
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	2.	\$2,265.00	
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	3.	\$0.00	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	4.	\$0.00	
5. Net income from operating a business, profession, or farm			
Gross receipts (before all deductions)		\$0.00	
Ordinary and necessary operating expenses		\$0.00	
Net monthly income from a business, profession, or farm	5.	\$0.00	
6. Net income from rental and other real property			
Gross receipts (before all deductions)		\$0.00	
Ordinary and necessary operating expenses		\$0.00	
Net monthly income from rental or other real property	6.	\$0.00	

7. Interest, dividends, and royalties	7.	\$0.00	
8. Unemployment compensation			
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
For you		\$0.00	
For your spouse		\$0.00	
		8.	\$0.00
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	9.	\$0.00	
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism.			
a. NON CONSENSUAL PARTNER MONTHLY GROSS INCOME	10a.	\$344.75	\$0.00
11. Calculate your total current monthly income. Add lines 2 through 10 for each column: <u>\$2,609.75</u> + <u>N/A</u> . Then add the total for Column A to the total for Column B.			11. \$2,609.75
Part 2: Determine How to Measure Your Deductions from Income			
12. Copy your total average monthly income from line 11.	12.		\$2,609.75
13. Calculate the marital adjustment. Check one:			
<input checked="" type="checkbox"/> You are not married. Fill in 0 in line 13. <input type="checkbox"/> You are married and your spouse is filing with you. Fill in 0 in line 13. <input type="checkbox"/> You are married and your spouse is not filing with you.			
Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.			
In the following lines, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.			
If this adjustment does not apply, enter 0 on line 13.			
a.			
Total:			\$0.00
Total. Add the previous lines and insert the total here.			13. \$0.00
14. Your current monthly income. Subtract line 13 from line 12.	14.		\$2,609.75
15. Calculate your current monthly income for the year. Follow these steps:			
Copy your total current monthly income from line 14.		\$2,609.75	
Multiply by 12 (the number of months in a year).		\$31,317.00	
The result is your annual income for this part of the form.			15. \$31,317.00
16. Calculate the median family income that applies to you. Follow these steps:			
16a. Fill in the state in which you live.	Puerto Rico		
16b. Fill in the number of people in your household.	2		
16c. Fill in the median family income for your state and size of household	\$24,349.00		
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.			16. \$24,349.00

17. How do the lines compare?

- 17a. ☐

Line 15 is less than or equal to line 16. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).
- 17b. ☒

Line 15 is more than line 16. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2).** On line 35 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. Copy your total average monthly income from line 11.	18.	\$2,609.75
19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. If the marital adjustment does not apply, fill in 0: \$0.00		
Subtract this amount from line 18.	19.	\$2,609.75
20. Calculate your current monthly income for the year. Follow these steps:		
20a. Copy your total current monthly income from line 19.	20a.	\$2,609.75
Multiply by 12 (the number of months in a year).		x 12
20b. The result is your annual income for this part of the form.	20b.	\$31,317.00
20c. Copy the median income for your state and size of household from line 16.	20c.	\$24,349.00

21. How do the lines compare?

- ☐

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☒

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

/s/ VICTOR MANUEL TORRES-SERRANO
Signature of Debtor 1

08/23/2019
Date MM/DD/YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 35 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 VICTOR MANUEL TORRES-SERRANO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the District of Puerto Rico

Case number
(If known)

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/19

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1)*.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in lines 5 and 6 of Form 122C-1 and do not deduct any operating expenses that you subtracted from income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

5. **2**

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.6. **\$1,288.00****7. Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories -- people who are under 65 and people who are 65 or older, because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age	
7a. Out-of-pocket health care allowance per person	\$55.00
7b. Number of people who are under 65	2
7c. Subtotal. Multiply line 7a by line 7b.	\$110.00
People who are 65 years of age or older	
7d. Out-of-pocket health care allowance per person	\$114.00
7e. Number of people who are 65 or older	0
7f. Subtotal. Multiply line 7d by line 7e.	\$0.00

7g. Total. Add lines 7c and 7f.	7.	\$110.00						
Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.								
<p>Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:</p> <ul style="list-style-type: none"> ● Housing and utilities - Insurance and operating expenses ● Housing and utilities - Mortgage or rent expenses <p>To answer the questions in lines 8-9, use the U.S. Trustee Program chart.</p> <p>To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.</p>								
8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.	8.	\$519.00						
9. Housing and utilities - Mortgage or rent expenses:								
9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.		\$706.00						
9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name of creditor</th> <th style="width: 40%;">Average monthly payment</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="height: 40px;"> </td> </tr> <tr> <td colspan="2">Total average monthly payment. Enter here and on line 33a.</td> </tr> </tbody> </table>	Name of creditor	Average monthly payment			Total average monthly payment. Enter here and on line 33a.			\$0.00
Name of creditor	Average monthly payment							
Total average monthly payment. Enter here and on line 33a.								
9c. Net mortgage or rent expense.								
Subtract line 9b (<i>total average monthly payment</i>) from line 9a (<i>mortgage or rent expense</i>). If this amount is less than \$0, enter \$0.	9.	\$706.00						
10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:	10.	\$0.00						
11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.								
<input type="checkbox"/> 0. Go to line 14. <input type="checkbox"/> 1. Go to line 12. <input checked="" type="checkbox"/> 2 or more. Go to line 12.								
12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitan statistical area.	12.	\$474.00						
13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.								

Debtor 1 VICTOR MANUEL TORRES-SERRANO		Case number:					
Vehicle 1		N/A					
13a. Ownership or leasing costs using IRS Local Standard		\$0.00					
13b. Average monthly payment for all debts secured by Vehicle 1.							
Do not include costs for leased vehicles.							
To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.							
<table border="1"> <thead> <tr> <th>Name of each creditor for Vehicle 1</th> <th>Average Monthly Payment</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>		Name of each creditor for Vehicle 1	Average Monthly Payment				
Name of each creditor for Vehicle 1	Average Monthly Payment						
Enter the total here and on line 33b.		\$0.00					
13c. Net Vehicle 1 ownership or lease expense							
Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.		\$0.00					
		13c.	\$0.00				
Vehicle 2		N/A					
13d. Ownership or leasing costs using IRS Local Standard		\$0.00					
13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.							
<table border="1"> <thead> <tr> <th>Name of each creditor for Vehicle 2</th> <th>Average Monthly Payment</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>		Name of each creditor for Vehicle 2	Average Monthly Payment				
Name of each creditor for Vehicle 2	Average Monthly Payment						
Enter the total here and on line 33c		\$0.00					
13f. Net Vehicle 2 ownership or lease expense							
Subtract line 13e from line 13d. If this amount is less than \$0, enter \$0.		\$0.00					
		13f.	\$0.00				
14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.		14.	\$0.00				
15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.		15.	\$0.00				
Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.							
16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.							
Do not include real estate, sales, or use taxes.		16.	\$220.00				
17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.							
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.		17.	\$0.00				
18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.		18.	\$0.00				
19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.							
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.		19.	\$293.71				

<p>20. Education: The total monthly amount that you pay for education that is either required:</p> <ul style="list-style-type: none"> as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 	20.	\$0.00								
<p>21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.</p> <p>Do not include payments for any elementary or secondary school education.</p>	21.	\$100.00								
<p>22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.</p>	22.	\$0.00								
<p>23. Telecommunication services: The total monthly amount that you pay for telecommunication services, such as pagers, call waiting, caller identification, special long distance, business internet service, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.</p> <p>Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.</p>	23.	\$0.00								
<p>24. Add all of the expenses allowed under the IRS expense allowances.</p> <p>Add lines 6 through 23.</p>	24.	\$3,710.71								
<p>Additional Expense Deductions These are additional deductions allowed by the Means Test. <i>Note:</i> Do not include any expense allowances listed in lines 6-24.</p>										
<p>25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>Health Insurance</td> <td>\$0.00</td> </tr> <tr> <td>Disability Insurance</td> <td>\$0.00</td> </tr> <tr> <td>Health Savings Account</td> <td>\$0.00</td> </tr> <tr> <td>Total</td> <td>\$0.00</td> </tr> </table>	Health Insurance	\$0.00	Disability Insurance	\$0.00	Health Savings Account	\$0.00	Total	\$0.00	25.	\$0.00
Health Insurance	\$0.00									
Disability Insurance	\$0.00									
Health Savings Account	\$0.00									
Total	\$0.00									
<p>Do you actually spend the total amount shown on the previous line?</p> <p><input type="checkbox"/> No. How much do you actually spend? \$0.00</p> <p><input checked="" type="checkbox"/> Yes</p>										
<p>26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.</p>	26.	\$0.00								
<p>27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.</p> <p>By law, the court must keep the nature of these expenses confidential.</p>	27.	\$0.00								
<p>28. Additional home energy costs. Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.</p> <p>If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.</p> <p>You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.</p>	28.	\$0.00								
<p>29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.</p> <p>You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.</p> <p>* Subject to adjustment on 04/01/2022, and every 3 years after that for cases begun on or after the date of adjustment.</p>	29.	\$0.00								

30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

30. **\$0.00**

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

31. **\$0.00**

32. Add all of the additional expense deductions.

Add lines 25 through 31.

32. **\$0.00**

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in the following information.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

		Average monthly payment
	Mortgages on your home	
33a.	Copy line 9b here	\$0.00
	Loans on your first two vehicles	
33b.	Copy line 13b here	\$0.00
33c.	Copy line 13e here	\$0.00

	Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?
33d.			

Total average monthly payment. Add lines 33a through 33d.

33. **\$0.00**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☒ No. Go to line 35.

☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*).

Name of the creditor	Identify property that secures the debt	Total cure amount
(None)		
Total		\$0.00

Divide the total by 60 and enter the result here.

34. **\$0.00**

35. Do you owe any priority claims -- such as a priority tax, child support, or alimony -- that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☐ No. Go to line 36.

☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$4,179.00 ÷ 60 =

35. **\$69.65**

36. Projected monthly Chapter 13 plan payment. Fill in the following information.

Projected monthly plan payment	\$0.00	
Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).	8.30%	
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.		
Average monthly administrative expense	36.	\$0.00
37. Add all of the deductions for debt payment.		
Add lines 33 through 36.	37.	\$69.65
Total Deductions from Income		
38. Add all of the allowed deductions.		
Copy line 24, <i>All of the expenses allowed under IRS expense allowances</i>	\$3,710.71	
Copy line 32, <i>All of the additional expense deductions</i>	\$0.00	
Copy line 37, <i>All of the deductions for debt payment</i>	\$69.65	
Total deductions	38.	\$3,780.36
Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)		
39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.	39.	\$2,609.75
40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.	40.	\$0.00
41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).	41.	\$0.00
42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here.	42.	\$3,780.36
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.		
Describe the special circumstances	Amount of expense	
(None)		
Total:		\$0.00
	43.	\$0.00
44. Total adjustments. Add lines 40 through 43.	44.	\$3,780.36
45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.	45.	(\$1,170.61)
Part 3: Change in Income or Expenses		
46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.		

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1 <input type="checkbox"/> 122C-2				<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	

Part 4:

Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

/s/ VICTOR MANUEL TORRES-SERRANO

Signature of Debtor 1

08/23/2019

Date MM/DD/YYYY